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CONFIRMATION NO. 7305

Bib Data Sheet

SERIAL NUMBER 10/691,589	FILING DATE 10/24/2003 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. 38068/GM/cb
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/24/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ITALY	SHEETS DRAWING 2	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Examiner's Signature Initials				

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TITLE

Tube for blood collecting with a vacuum method

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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